STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155255	A. BUILDING 01 B. WING	01/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODVIEW HEALTHCARE INC	3420 E STATE BLVD FORT WAYNE, IN46805

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/05/12 Facility Number: 000158 Provider Number: 155255 AIM Number: 100291490 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Woodview Healthcare Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully	K0000	This plan of correction is to serve as Woodview Healthcare's allegation of compliance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and resident room on the Rehabilitation Hall. The facility has a capacity of 128 and had a census of 103 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/11/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0017 SS=E	Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5			

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	Based on observation and interview, the facility failed to ensure 1 of 1 Reception offices and 1 of 1 Social Service offices were separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by an automatic sprinklers, and (c) The space is arranged not to obstruct access to required exits. This deficient practice could affect any residents near the main entrance and in the main dining room. Findings include: Based on an observation with the Administrator, Director of Operations and the Maintenance	K0017	It is the policy practice of Woodview Healthcare, Inc. to be in accordance with NFPA 101 Life Safety Code standards. No residents were affected by or potentially affected by the deficient practice. The Reception and Social Service Offices, did have sliding glass windows, but both offices were fully sprinklered at the time of the inspection. On 1/27/12, Shambaugh & Son Contractors installed into the Reception and Social Service Office, “electrically supervised automatic smoke detectors (Attachment G). Both Smoke Detectors have also had sensitivity testing performed (Attachment H) as required All offices have been inspected and no other offices were observed to have sliding glass windows. The Director of Operations will monitor Smoke Detector Sensitivity Testing Records annually to ensure facility is in compliance with testing requirements. The Quality Assurance committee will oversee Director of operations, and annual documentationfor compliance. Date of Completion: 2/4/2012	02/04/2012

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	Supervisor on 01/05/12 from 11:57 a.m. to 11:58 a.m., the Reception office and the Social Service office had sliding glass windows in the corridor walls. There was a one fourth inch gap in between the panes of glass in both windows. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the Reception office and the Social Service office were not protected by an electrically supervised automatic smoke detection system. This was acknowledged by the Maintenance Supervisor at the time of observations. 3.1-19(b)			

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K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 1 roll down fire doors at the opening in the kitchen wall, a hazardous area, would self close upon activation of the fire alarm system. This deficient practice could affect all residents in the main hall dining room. Findings include: Based on observation with the Administrator, Director of Operation and the Maintenance Supervisor on 01/05/12 at 1:30 p.m., the main dining room was open to the corridor and met the requirements for a space to be allowed to be open to the corridor. The wall around the dining room is therefore, considered to be the corridor wall. There was a pass	K0029	It is the policy practice of Woodview Healthcare, Inc. to be in accordance with NFPA 101 Life Safety Code standards. No residents were affected by or potentially affected by the deficient practice. Two padlocks have been installed to the rolling window. The Window has been locked in the closed position and will no longer be utilized and/or opened. The Director of Operations and Maintenance Director, will be only personnel to hold a key to the Rolling Window. Dietary will not have access to open window. All Dietary Staff have been educated on Life Safety Requirements that Window must be closed (See Attachment D). The Director of Operations will oversee staff for compliance and ensure the window is in the closed position and locked. The Quality Assurance Committee will oversee staff compliance, monthly, and ensure window is no longer used (Quality Assurance Checklist Attachment E). Date of	02/04/2012

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	through opening in the corridor wall between the dining room and the kitchen. The opening was protected by a rolling fire door with a fusible link. Based on interview with Maintenance Supervisor at the time of observation, the rolling fire door does not close upon activation of the fire alarm. 3.1-19(b)		Completion: 2/4/2012	
K0052 SS=E	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in	K0052	It is the policy practice of Woodview Healthcare, Inc. to be in accordance with NFPA 101 Life Safety Code standards. No residents were affected by or potentially affected by the deficient practice. Shambaugh and Sons provides smoke detector sensitivity testing according to NFPA 101 Life	02/04/2012

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	accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect any number of residents, staff and visitors. Findings include: Based on review of the Shambaugh and Sons smoke detector record titled "Initialing Device Test Report" with the Administrator, Director of Operations and the Maintenance Supervisor on 01/05/12 at 2:35 p.m., of the fifty three smoke detectors in the facility only seventeen received a smoke detector sensitivity test. Based on an interview with the Administrator at the time of record review, no other documentation was available for review. 3.1-19(b)		Safety Code Standard. On 1/13/2012, Shambaugh and Sons reviewed documentation, the inspector cited regarding only 17 of 56 smoke detectors receiving sensitivity testing. Jim Kroh of Shambaugh and Sons indicated sensitivity testing was only required on the 17 smoke detectors as they were newly replaced smoke detectors. The remaining smoke detectors only required testing every 5 years. There were no reports of malfunctioning smoke detectors. Smoke Detector Sensitivity testing was not required until 2/2012. On 1/20/2012, Smoke Detector Sensitivity Testing was completed on all smoke detectors (See (Attachment B). The facility has a total of 53. All Smoke Detectors will require 5 year inspection going forward (Due in 2017) unless new Smoke Detectors installed, then they will be scheduled according to sensitivity testing requirements. Shambaugh and Sons will continue to complete Smoke Detector Sensitivity Testing Report according to NFPA 101 Life Safety Code Standard and the Director of Operations will monitor the Smoke Detector Sensitivity Testing records annually to ensure facility in compliance. The Quality Assurance committee will oversee Director of Operations, and annual documentation for compliance.	

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K0056 SS=E	If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 2 building canopies in accordance with NFPA 13, Standard for Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13-1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft. in width. This deficient practice could affect any resident evacuated through the main entrance in the event of an emergency. Findings include:	K0056	It is the policy practice of Woodview Healthcare, Inc. to be in accordance with NFPA 101 Life Safety Code standards. No residents were affected by or potentially affected by the deficient practice. A sprinkler is to be installed beneath the front porch canopy (See Attachment C). At this time, the installation is scheduled for 1/26/2012. There are no other canopy/overhang(s) in the building that are without an automatic sprinkler. While at this time there are no plans to add any additional overhangs, in the event this should occur, "The Director of Operations" shall immediately inform the Administrator and the Administrator will oversee facility compliance and ensure the area is sprinklered. Date of Completion: 2/4/2012	02/04/2012

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	Based on an observation with the Administrator, Director of Operations and the Maintenance Supervisor on 01/05/12 at 11:55 a.m., the canopy in between the main building and the dining room extends out over the main entrance of the building. The exterior of the canopy is made of noncombustible material but based on an interview with the Maintenance Supervisor at the time of observation, the roof rafters in the canopy were made of wood. Based on a telephone interview with the Director of Operations on 01/11/12 at 10:34 a.m., the canopy extends twenty feet out from the building and measures seven feet across. 3.1-19(b)			